SUBJECT **ACQUISITION/PURCHASE OF MICROCOMPUTER EQUIPMENT**	POLICY NO. **302.11**	EFFECTIVE DATE **10/1/89**	PAGE **1 of 2**
APPROVED BY: **Original signed by:** **ROBERTO QUIROZ** Director	SUPERSEDES **104** **7/13/89**	ORIGINAL ISSUE DATE **7/13/89**	DISTRIBUTION LEVEL(S) **1**

PURPOSE

1.1 To ensure that appropriate acquisition of microcomputers or related products are compatible with the current computing environment and appropriate for Department of Mental Health (DMH) usage.

POLICY

2.1 The acquisition of all microcomputer and/or microcomputer related products (e.g., hardware, software, peripherals, training, and literature) requires a justification and MIS concurrence.

2.2 When purchasing microcomputer hardware, software, and peripherals, the request for acquisition should be submitted to the MIS Division for review.

2.3 Requests sent directly to Administrative Services will be forwarded to MIS for evaluation and concurrence.

2.4 Requests for acquisition may require a cost/benefit analysis conducted by the requesting unit.

2.5 Requests for acquisition shall include a determination by the requesting unit as to whether alternate computing power or other resources can meet the needs.

2.6 Requested microcomputer equipment shall be compatible with the current microcomputer environment.

2.7 The requested microcomputer product shall be adequately supported by its manufacturer.

2.8 The requested hardware/software shall be adequately supported by MIS Microcomputer Applications Unit (MAU).

2.9 The proposed acquisition shall not negatively affect operations in other sections within the DMH.

2.10 If other operations will be affected, the need for the involvement of management of the affected operations in the purchase decision must be assessed.

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

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PROCEDURE

3.1   Complete the Microcomputer Equipment Request form (Attachment I).

3.2   Submit this form with the special Fixed Assets Form Request to either MIS or Administrative Services.

AUTHORITY

County Fiscal Manual, Section 12.2.0
Auditor-Controller ICCP Audit, 1988

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

MICROCOMPUTER EQUIPMENT REQUEST FORM

INSTRUCTIONS: Please complete this form when requesting microcomputer software, peripherals, and hardware (including printers, CPU's, monitors, etc. and attach to the Special/Fixed Assets Request for this equipment).

REQUESTING UNIT: _____   UNIT CONTROL NO.:_____

_____

ADDRESS: _____   COST CODE: _____

_____

CONTACT PERSON: _____   PHONE: (_____) _____-_____

A. PLEASE DESCRIBE THE EQUIPMENT REQUESTED (INCLUDE MANUFACTURER, MODEL NUMBER AND VERSION):

_____

_____

_____

_____

B. PLEASE STATE THE PURPOSE/USE OF THE EQUIPMENT (Attach additional pages if needed):

_____

_____

C. PLEASE ANSWER THE FOLLOWING (if you need assistance contact MIS):

1. Is the requested equipment compatible with the current DMH microcomputer environment?
    Yes _____ No _____   If no, confer with MIS Microcomputer staff.
2. Will the manufacturer of the equipment adequately support current and anticipated applications?
    Yes _____ No _____   If no, confer with MIS Microcomputer staff.
3. Will the equipment affect operations in other sections within the DMH?   Yes _____ No _____
    If yes, assess the need for involvement of the affected sections in the purchase decision.
4. Has it been determined that alternative computer capabilities, e.g., current mainframe, minicomputers, existing software and hardware cannot meet this need?   Yes _____ No _____ If no, confer with MIS Microcomputer Staff.
5. Is there a rebate or special offer associated with this equipment? Yes _____ No _____
    If yes, please specify the expiration date: _____/_____/_____.
6. Are funds budgeted for the equipment? Yes _____ No _____ If no, refer to the DMH Policy/Procedure "Request for Budget Transfer and Increases" and/or contact the Budget Services Division.

D. PLEASE CONTACT THE MIS MICROCOMPUTER STAFF TO OBTAIN THE FOLLOWING INFORMATION:

1. Is a cost benefit analysis needed? Yes _____ No _____ If yes, please attach with this form.
2. Can the equipment be installed and supported by MIS Microcomputer staff? Yes _____ No _____
3. Does this request have MIS Microcomputer staff concurrence/approval?   Yes _____ No _____
4. Name of MIS Microcomputer staff contacted: _____

_____   _____
Date   Signature